

UNIVERSITY OF MISSOURI

*Long Term Care
Insurance Plan*

Effective July 1, 2005



This booklet is designed to provide an overview of the University of Missouri's Long Term Care Insurance Plan as amended effective July 1, 2005. While the University hopes to offer participation in this plan indefinitely, it has the right to amend or terminate any benefit plan.

In addition to this booklet, the University plans to continue to use other methods of communication such as memos, meetings, newsletter articles or electronic media to help you stay informed.

The plan is governed by group insurance policy number 117762 issued by Metropolitan Life Insurance. Care has been taken to present the information contained in this booklet in a way that is both accurate and easy to understand. However, in the event of a disagreement between the booklet and the group policy, the group policy is the final authority. Please be aware that due to Insurance Department regulations, some state variations may apply to plan features. Please review the Outline of Coverage included in the enrollment/information packet available from MetLife by request or visit the website for further information.

It's important for you to have a good understanding of all this plan has to offer. Please review this booklet carefully.

Contact Information:

Metropolitan Life Insurance Company (for specific questions regarding coverage)

Customer Service/Enrollment Information:

1-800-438-6388

1-800-638-1004 (for hearing impaired individuals with a TDD)

Web Site: www.metlife.com/mybenefits

Campus Benefit Representative (for general questions regarding enrollment)

UM, Retired and Columbia Campus

Office Location: 201 S. 7th Street

Mailing Address: 114 Heinkel Building
Columbia, MO 65211-1330

(573) 882-2146

FAX (573) 882-9603

benefits@umsystem.edu

retirement@umsystem.edu

Rolla Campus

Office Location: 1202 N. Bishop

Mailing Address: 1202 N. Bishop
Rolla, MO 65409-1050

(573) 341-4241

FAX (573) 341-4984

benefits@umr.edu

Hospital

Office Location: 2401 LeMone Industrial Drive

Mailing Address: One Hospital Drive, DC230
Columbia, MO 65212-0001

(573) 882-9086

FAX (573) 884-7107

JeneyM@health.missouri.edu

St. Louis Campus

Office Location: 211 General Services Bldg.

Mailing Address: 8001 Natural Bridge Road
St. Louis, MO 63121-4401

(314) 516-5639

FAX (314) 516-6463

joann_westbrook@umsl.edu

Kansas City Campus

Office Location: 5115 Oak Street

Mailing Address: 5100 Rockhill Road
Kansas City, MO 64110-2446

(816) 235-1622

FAX (816) 235-5515

benefits@umkc.edu

Faculty & Staff Benefits Department Webpage:

<http://www.system.missouri.edu/hrs/benefits>

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Introduction to Long Term Care

Long-term care coverage is a benefit for you or your family members when there is a need for long-term care services as a result of an injury, illness or aging. Depending on the level of care needed, long-term care services can be provided in a variety of settings, including your own home, an assisted living facility, an adult day care facility or a nursing home.

Because medical insurance is not designed to cover the cost of long-term care and custodial types of services, long term care needs are not covered by medical plans. Long term care provides coverage for custodial services and assistance with daily activities of living that other plans do not.

Benefit Eligibility

Eligible employees, retirees and certain relatives are eligible to participate in the Long Term Care Plan:

➤ **Benefit Eligible Employees:**

Employees actively at work with an appointment FTE of at least 75% and appointment duration of at least 9 months are benefit eligible. Part-time, temporary, or per diem employees are not eligible.

➤ **Benefit Eligible Retirees:**

Former employees who have retired from the University of Missouri are eligible to participate.

➤ **Benefit Eligible Spouses and Other Relatives:**

In order to be eligible for long term care coverage you must have one of the following relationships with a benefit eligible employee or retiree:

- Spouse or surviving spouse of an active employee
- Spouse or a surviving spouse of a retiree
- Parent or parent-in-law of active employee or retiree
- Grandparent or grandparent-in-law of active employee or retiree
- Adult child or stepchild age 18 and older of active employee or retiree

Once enrolled in the plan, coverage may be continued on a direct bill basis when employment terminates, when benefit eligibility status ceases, or when retirement occurs.

Evidence of Insurability

For all options except the unlimited lifetime benefit, benefit eligible employees will have guaranteed issue if the enrollment is received during the initial enrollment period or within 90 days of the hire date or the benefit eligibility date. The employee must be actively at work on their effective date for coverage to become effective.

Underwriting and approval is required for:

- Benefit eligible employees selecting the unlimited lifetime benefit, regardless of when the employee becomes eligible.*
- Benefit eligible employees who enroll later than 90 days from date of hire or the benefit eligibility date.
- Benefit eligible retirees, spouses, and other relatives

*Benefit eligible employees applying for the Unlimited Lifetime Maximum during the initial enrollment period or within their 90 day new hire window will default to the 2000 day Total Lifetime Maximum on a Guaranteed Issue basis if they are declined for the Unlimited Lifetime Maximum. You must be actively at work on the effective date in order for coverage to become effective.

Plan Options

You may select from several different options to customize a plan suited to your needs. You may select from four Daily Benefit Amount options, from two lifetime benefits, from two inflation protection options, and a nonforfeiture option.

Plan options are based on the amount of reimbursement that a qualified person would be eligible to receive per day. This is called the Daily Benefit Amount (DBA). The DBA is the maximum daily reimbursement amount that you may receive for qualified services and expenses. The options are \$90, \$120, \$150, or \$180 per day. The Total Lifetime benefit options are 2000 times the DBA or unlimited. You may select from four Daily Benefit Amount coverage levels with a limited or unlimited lifetime option:

Plan Options				
Daily Benefit Amount (the maximum dollar amount the plan will pay in a single day)	\$90	\$120	\$150	\$180

Total Lifetime Benefit	2000 Times the Daily Benefit Amount that you select (if you receive the maximum DBA every day you receive services this is the number of days your daily benefit amount will last)	Unlimited
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Inflation Protection You may select either the automatic inflation or the optional inflation	Automatic Inflation – <ul style="list-style-type: none"> • Benefits automatically increase by 5% compounded annually • Increases are automatic regardless of age, claim status, claim history, or length of participation in the plan 	Optional Inflation – <ul style="list-style-type: none"> • Inflation option is offered every three plan years • Minimum 5% increase compounded annually • Premiums for increase are based on attained age • Available to all insureds who have not received benefits in the six months prior to the offer*
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Nonforfeiture	With this optional feature, if you pay your premiums for at least 3 years and then cancel or lapse your coverage, you will receive a reduced level of benefits. Under Nonforfeiture coverage, your total lifetime benefit will be the greater of the total premiums you have paid, or 30 times the Daily Benefit Amount.
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*Some states do not allow restrictions because of claim history or claim status. Please see Outline of Coverage for details.

Covered Services & Plan Features

Covered Services Include:	
Nursing Home or Alzheimer's Facility	Skilled, intermediate and custodial care in a licensed nursing or Alzheimer's facility is reimbursed up to 100% of the Daily Benefit Amount.
In-patient Hospice Care	In-patient hospice care is reimbursed up to 100% of the Daily Benefit Amount
Assisted Living Facility	Plan reimburses for costs up to 100% of the Daily Benefit Amount.
Home Care Services	Plan will reimburse up to 75% of the Daily Benefit Amount. This includes licensed Adult Day Care facilities.
Respite Services (includes informal providers)	Plan reimburses for costs up to 100% of the Daily Benefit Amount for a maximum of 14 days per calendar. Services can be provided at home, in a nursing home, or in an assisted living facility.
Informal Care	Plan reimburses 30 days per calendar year up to 25% of the Daily Benefit Amount
Initial Care Advisory Service	Upon request, independent care advisors can meet with you and your family to help assess the need for various types of long-term care services develop options for care and discuss the options.
Features	
Portability	You may continue your coverage even if you change employers or leave employment for any other reason, as long as you continue to pay premiums.
Waiver of Premium	You do not pay premiums once you have satisfied your waiting period and are certified as chronically ill.
Transition Benefit	This benefit will provide up to ten (10) times the Daily Benefit Amount to assist in paying for items required to provide covered services, such as an emergency response system, wheelchair ramp, caregiver training, durable medical equipment, or to offset costs of other qualified services received during the waiting period.
Alternate Plan of Service	Qualified long-term care services not specifically covered under the plan may be authorized by the insurance company. Services must be qualified, must meet the needs of the covered person, and may be a cost effective alternative.
International Coverage	If a covered person is eligible for benefits and is outside of the United States, the insurance company will pay a per diem benefit upon completion of the waiting period. The per diem benefit will be equal to 50% of the home care daily benefit and will be paid to a maximum of ten (10) years while the insured is outside the United State. The per diem is paid in US dollars.

Coverage Start Date

Employees

2000 Day Total Lifetime Maximum:

You may enroll for coverage for yourself within 90 days of your hire date or your benefit eligibility date without providing medical information when enrolling for one of the four Daily Benefit Amounts with the limited lifetime maximum amount. If your application is received after 90 days of the hire date or your benefit eligibility date coverage will become effective on this first day of the month following the date the insurance company approves the application. Enrollment after 90 days from the hire date or the benefit eligibility date will require Evidence of Insurability and must be approved by the insurance company. Employee needs to be actively at work on the day coverage starts.

Unlimited Lifetime Maximum:

Enrollment in the unlimited lifetime maximum amount must be approved by the insurance company. Coverage will become effective on the first day of the month following the date the insurance company approves the application. Employee needs to be actively at work on the day coverage starts.

Retiree, Spouse, Surviving Spouse or Other Relative

Coverage for a retiree, spouse, surviving spouse or other relatives must be approved by the insurance company on the basis of health information. The insurance company requires that all applicants be able to perform all of the activities of daily living (bathing, continence, dressing, eating, toileting, transferring) without assistance or supervision and must be free of cognitive impairment on the day coverage begins. Coverage will become effective on the first day of the month following the date the insurance company approves the application.

Waiting Period

There is a 60 calendar day waiting period. The waiting period is the amount of time required before reimbursement will start once a covered person meets the qualifications to receive benefits. Once completed, the waiting period does not need to be completed again for subsequent benefit periods. If the waiting period is partially completed, days will be credited toward a subsequent waiting period, as long as 180 calendar or more days have not passed.

Coordination of Benefits

Benefits are reduced by amounts paid from certain other insurance. Please see the Outline of Coverage for specific coordination of benefits.

Enrollment

New hires or newly benefit eligible employees will receive information that includes a request form to receive additional information and enrollment materials from MetLife. You may also go to the MetLife web site at www.metlife.com/mybenefits to enroll or you may call 1-800-438-6388.

Questions and Answers

- ***Who pays for this coverage?***

You pay the full cost of long term care coverage, but it is made available to you on a group basis through the University in order to obtain favorable rates. Premiums for active benefit eligible employees, retirees, and spouses will be deducted from your pay and transmitted to the insurance company by the University. Premiums for other relatives and for anyone for whom a payroll deduction is not possible will be billed directly by the insurance company.

- ***How do I file a claim?***

To file a claim, you simply need to call MetLife at 1-800-438-6388 and the customer service representative will obtain the required information from you to process a claim.

- ***How do I qualify to collect benefits?***

To qualify for benefits you must be certified as chronically ill by a licensed health care practitioner as being chronically ill. Chronically ill means:

- Expected to be unable to perform (without substantial assistance from another individual) at least 2 of the 6 ADLs (bathing, continence, dressing, eating, toileting, transferring) for a period of at least 90 days due to a loss of functional capacity.

Or

- Having a severe cognitive impairment that requires substantial supervision to protect such individuals from threats to health and safety.

The plan covers disabilities resulting from organic brain diseases, including Alzheimer's disease and similar disorders. The plan also covers dependencies resulting from brain diseases which are not organically based, as long as the insured meets the benefit eligibility criteria.

- ***Are there any pre-existing condition limitations?***

There are no pre-existing condition limitations on this plan.

- ***Are there any exclusions for coverage?***

Please refer to the Outline of Coverage for any exclusions to coverage.

- ***What happens if I leave the University?***

If you start this plan now, you need never give it up. Even if you leave the University or no longer meet the criteria for a benefit eligible employee, you can continue coverage under this plan at the same rate. The only reason coverage may ever stop is if you stop paying the premium or if you reach your lifetime maximum.

- ***What does it cost now? What will it cost tomorrow?*** The premium you pay is based on the benefit you choose and on your age on the day your insurance takes effect. The premiums have been designed to stay the same as you get older. If you are 40 when you sign up, you will pay the 40-year-old premium for life. That premium may change; we can't guarantee that it won't. But for premiums to change, the insurance company would have to change premiums for everyone in your age category who has the kind of coverage plan that you do. You can never be singled out for a rate increase because you get older or become ill, or because of claims you file.

- **What will the cost be if I wait until I am older to enroll?**

Long term care provides a benefit that allows you to spread the cost of care over a period of time and when enrolling at an earlier age, the monthly premiums will be at a lower rate.

Following is a chart with monthly premium rates for the 2000 day Total Lifetime Benefit plan comparing the cost of waiting to enroll.

Example	\$90 DBA	\$120 DBA	\$150 DBA	\$180 DBA
Current age of 40 with periodic inflation	\$14.40	\$19.20	\$24.00	\$28.80
Rate at age 50 with periodic inflation	\$26.46	\$35.28	\$44.10	\$52.92
Current age of 40 with automatic inflation	\$62.28	\$83.04	\$103.80	\$124.56
Rate at age 50 with automatic inflation	\$91.80	\$122.40	\$153.00	\$183.60

- **How will inflation affect my plan?**

The Long Term Care Plan also offers two ways to offset inflation.

1. There is a periodic inflation offer of at least 5% compounded annually. This is offered every three plan years and is available to all insureds who have not received benefits in the six months prior to the offer. (Some states do not allow this restriction – please see the Outline of Coverage for details.) Evidence of Insurability is not required. Premiums will increase to cover the cost of the additional coverage.
2. There is also an automatic inflation feature which you may select at your initial enrollment in the plan. Benefits automatically increase by 5% compounded annually and your rates do not increase. The increase is made regardless of age, claim status, claim history, or length of participation in the plan. Premiums will not increase because they are designed to cover the cost of automatic increases in coverage.

- **May I increase, decrease or change features of my plan once enrolled?**

Yes, you may increase, decrease or change features at any time. Underwriting approval will be required if you are increasing or adding features.

- **Can the insurance company customize care plans?**

Each person’s needs are different. A nursing home stay isn’t for everyone. Other types of appropriate family or community care not ordinarily covered by this plan may be available to allow you to remain in familiar surroundings. MetLife reviews your case when you file a claim, and if it’s to your benefit, MetLife may suggest an alternate plan of care that includes these options. This alternate plan is always voluntary. You, your physician, and MetLife must all agree on any alternate plan. And since this plan of care is created especially for you, it will be designed to make your benefit dollars go further. If you do not choose to accept the alternate plan of care, your standard plan benefits will still be payable.

- **Is there a waiver of premium feature?**

Yes, check your Outline of Coverage for the details of how you can qualify for Waiver of Premium while you are receiving benefits. After your Waiver of Premium period begins, you will not have to pay any further premiums while you receive benefits. Your regular premium payments will resume on the first of the month following the month in which you are no longer eligible for benefits. The premiums are completely forgiven; you will never have to repay them.

Benefit Exhibit

This plan is a tax qualified plan under the Health Insurance Portability and Accountability of 1996. Because of this, premiums may be deductible and benefits will be tax-free.

We strongly recommend you consult your tax adviser for more information.

Lifetime Maximum Benefit

<i>Daily Benefit Amount</i>	<i>Lifetime Maximum Multiplier</i>	<i>Corresponding Total Lifetime Maximum Benefit</i>
\$ 90	2,000	\$180,000
120	2,000	240,000
150	2,000	300,000
180	2,000	360,000
or		
\$ 90		Unlimited
120		Unlimited
150		Unlimited
180		Unlimited

Transition Benefit

The transition benefit will pay up to ten (10) times the DBA for items such as emergency response system, wheel chair ramp, caregiver training, durable medical equipment, or to offset costs of qualified services received during the waiting period.

<i>Daily Benefit Amount</i>	<i>Corresponding Transition Benefit</i>
\$ 90	\$ 900
120	1,200
150	1,500
180	1,800

Hospice Care Benefit

The hospice care benefit will reimburse up to 100% of the Daily Benefit Amount for inpatient care and up to 75% for at home hospice care.

Respite Benefit

The respite benefit will reimburse up to 100% of the DBA up to 14 days per calendar year

<i>Daily Benefit Amount</i>	<i>Corresponding Calendar Year Maximum For Respite Benefit</i>
\$ 90	\$ 1,260
120	1,680
150	2,100
180	2,520

Temporary Bed Holding Benefit

The temporary bed holding benefit will reimburse up to 100% of the DBA up to 30 days per calendar year.

<i>Daily Benefit Amount</i>	<i>Corresponding Calendar Year Maximum For Temporary Bed Holding Benefit</i>
\$ 90	\$ 2,700
120	3,600
150	4,500
180	5,400

Monthly Rates — Group Long Term Care

Optional Periodic Inflation with 2,000 x Daily Benefit Amount Lifetime Maximum

Daily Benefit:	\$90	\$90	\$120	\$120	\$150	\$150	\$180	\$180
Nonforfeiture:	Without	With	Without	With	Without	With	Without	With
Age at Issue								
Up to 24	6.30	7.56	8.40	10.08	10.50	12.60	12.60	15.12
25	7.20	8.46	9.60	11.28	12.00	14.10	14.40	16.92
26	7.38	8.82	9.84	11.76	12.30	14.70	14.76	17.64
27	7.56	9.00	10.08	12.00	12.60	15.00	15.12	18.00
28	7.74	9.18	10.32	12.24	12.90	15.30	15.48	18.36
29	8.10	9.72	10.80	12.96	13.50	16.20	16.20	19.44
30	8.28	9.90	11.04	13.20	13.80	16.50	16.56	19.80
31	8.64	10.26	11.52	13.68	14.40	17.10	17.28	20.52
32	9.00	10.44	12.00	13.92	15.00	17.40	18.00	20.88
33	9.54	10.98	12.72	14.64	15.90	18.30	19.08	21.96
34	10.08	11.88	13.44	15.84	16.80	19.80	20.16	23.76
35	10.80	12.60	14.40	16.80	18.00	21.00	21.60	25.20
36	11.52	13.14	15.36	17.52	19.20	21.90	23.04	26.28
37	12.06	14.04	16.08	18.72	20.10	23.40	24.12	28.08
38	12.96	14.94	17.28	19.92	21.60	24.90	25.92	29.88
39	13.86	15.84	18.48	21.12	23.10	26.40	27.72	31.68
40	14.40	16.74	19.20	22.32	24.00	27.90	28.80	33.48
41	15.48	17.64	20.64	23.52	25.80	29.40	30.96	35.28
42	16.56	19.08	22.08	25.44	27.60	31.80	33.12	38.16
43	17.46	19.80	23.28	26.40	29.10	33.00	34.92	39.60
44	18.54	20.88	24.72	27.84	30.90	34.80	37.08	41.76
45	19.62	21.96	26.16	29.28	32.70	36.60	39.24	43.92
46	20.88	23.22	27.84	30.96	34.80	38.70	41.76	46.44
47	22.14	25.02	29.52	33.36	36.90	41.70	44.28	50.04
48	23.40	26.46	31.20	35.28	39.00	44.10	46.80	52.92
49	24.84	27.90	33.12	37.20	41.40	46.50	49.68	55.80
50	26.46	29.70	35.28	39.60	44.10	49.50	52.92	59.40
51	28.44	31.68	37.92	42.24	47.40	52.80	56.88	63.36
52	30.78	34.20	41.04	45.60	51.30	57.00	61.56	68.40
53	33.30	36.90	44.40	49.20	55.50	61.50	66.60	73.80
54	36.18	40.14	48.24	53.52	60.30	66.90	72.36	80.28
55	39.60	43.92	52.80	58.56	66.00	73.20	79.20	87.84
56	43.38	48.06	57.84	64.08	72.30	80.10	86.76	96.12
57	47.34	51.84	63.12	69.12	78.90	86.40	94.68	103.68
58	52.02	56.88	69.36	75.84	86.70	94.80	104.04	113.76
59	56.88	62.28	75.84	83.04	94.80	103.80	113.76	124.56
60	62.28	67.86	83.04	90.48	103.80	113.10	124.56	135.72
61	67.68	73.62	90.24	98.16	112.80	122.70	135.36	147.24
62	72.72	79.38	96.96	105.84	121.20	132.30	145.44	158.76
63	77.76	84.42	103.68	112.56	129.60	140.70	155.52	168.84
64	82.08	88.92	109.44	118.56	136.80	148.20	164.16	177.84
65	87.30	94.68	116.40	126.24	145.50	157.80	174.60	189.36
66	93.06	100.62	124.08	134.16	155.10	167.70	186.12	201.24
67	100.26	108.18	133.68	144.24	167.10	180.30	200.52	216.36
68	108.54	116.82	144.72	155.76	180.90	194.70	217.08	233.64
69	117.72	126.54	156.96	168.72	196.20	210.90	235.44	253.08
70	128.16	137.34	170.88	183.12	213.60	228.90	256.32	274.68
71	140.58	150.12	187.44	200.16	234.30	250.20	281.16	300.24
72	155.16	165.42	206.88	220.56	258.60	275.70	310.32	330.84
73	172.62	183.42	230.16	244.56	287.70	305.70	345.24	366.84
74	192.24	204.12	256.32	272.16	320.40	340.20	384.48	408.24
75	213.66	226.44	284.88	301.92	356.10	377.40	427.32	452.88
76	236.88	250.38	315.84	333.84	394.80	417.30	473.76	500.76
77	261.36	276.30	348.48	368.40	435.60	460.50	522.72	552.60
78	287.46	303.48	383.28	404.64	479.10	505.80	574.92	606.96
79	314.28	332.10	419.04	442.80	523.80	553.50	628.56	664.20
80	343.26	361.80	457.68	482.40	572.10	603.00	686.52	723.60
81	374.04	394.74	498.72	526.32	623.40	657.90	748.08	789.48
82	407.52	429.84	543.36	573.12	679.20	716.40	815.04	859.68
83	443.52	468.18	591.36	624.24	739.20	780.30	887.04	936.36
84	482.58	509.40	643.44	679.20	804.30	849.00	965.16	1,018.80
85	523.44	552.24	697.92	736.32	872.40	920.40	1,046.88	1,104.48
86	564.30	595.62	752.40	794.16	940.50	992.70	1,128.60	1,191.24
87	603.72	637.38	804.96	849.84	1,006.20	1,062.30	1,207.44	1,274.76
88	641.88	677.52	855.84	903.36	1,069.80	1,129.20	1,283.76	1,355.04
89	679.32	716.94	905.76	955.92	1,132.20	1,194.90	1,358.64	1,433.88
90	716.58	756.36	955.44	1,008.48	1,194.30	1,260.60	1,433.16	1,512.72

Note: Rates for ages over 90 are available from MetLife

Monthly Rates — Group Long Term Care

Optional Periodic Inflation with Unlimited Lifetime Maximum

Daily Benefit:	\$90	\$90	\$120	\$120	\$150	\$150	\$180	\$180
Nonforfeiture:	Without	With	Without	With	Without	With	Without	With
Age at Issue								
Up to 24	14.76	16.92	19.68	22.56	24.60	28.20	29.52	33.84
25	16.56	19.08	22.08	25.44	27.60	31.80	33.12	38.16
26	16.56	19.08	22.08	25.44	27.60	31.80	33.12	38.16
27	16.56	19.08	22.08	25.44	27.60	31.80	33.12	38.16
28	16.56	19.08	22.08	25.44	27.60	31.80	33.12	38.16
29	16.56	19.08	22.08	25.44	27.60	31.80	33.12	38.16
30	19.08	21.60	25.44	28.80	31.80	36.00	38.16	43.20
31	19.08	21.60	25.44	28.80	31.80	36.00	38.16	43.20
32	19.08	21.60	25.44	28.80	31.80	36.00	38.16	43.20
33	19.08	21.60	25.44	28.80	31.80	36.00	38.16	43.20
34	19.08	21.60	25.44	28.80	31.80	36.00	38.16	43.20
35	23.76	26.64	31.68	35.28	39.60	44.10	47.52	52.92
36	23.76	26.64	31.68	35.52	39.60	44.40	47.52	53.28
37	23.76	26.64	31.68	35.52	39.60	44.40	47.52	53.28
38	23.76	26.64	31.68	35.52	39.60	44.40	47.52	53.28
39	23.76	26.64	31.68	35.52	39.60	44.40	47.52	53.28
40	27.54	30.42	36.72	40.56	45.90	50.70	55.08	60.84
41	29.34	32.40	39.12	43.20	48.90	54.00	58.68	64.80
42	30.78	33.84	41.04	45.12	51.30	56.40	61.56	67.68
43	32.58	35.82	43.44	47.76	54.30	59.70	65.16	71.64
44	34.20	37.80	45.60	50.40	57.00	63.00	68.40	75.60
45	36.36	40.14	48.48	53.52	60.60	66.90	72.72	80.28
46	38.52	42.30	51.36	56.40	64.20	70.50	77.04	84.60
47	40.86	44.64	54.48	59.52	68.10	74.40	81.72	89.28
48	43.38	47.88	57.84	63.84	72.30	79.80	86.76	95.76
49	45.90	50.04	61.20	66.72	76.50	83.40	91.80	100.08
50	48.78	53.28	65.04	71.04	81.30	88.80	97.56	106.56
51	51.84	56.70	69.12	75.60	86.40	94.50	103.68	113.40
52	55.80	60.48	74.40	80.64	93.00	100.80	111.60	120.96
53	59.76	64.80	79.68	86.40	99.60	108.00	119.52	129.60
54	64.44	69.84	85.92	93.12	107.40	116.40	128.88	139.68
55	69.48	75.06	92.64	100.08	115.80	125.10	138.96	150.12
56	74.88	81.00	99.84	108.00	124.80	135.00	149.76	162.00
57	81.00	87.30	108.00	116.40	135.00	145.50	162.00	174.60
58	87.30	93.96	116.40	125.28	145.50	156.60	174.60	187.92
59	94.14	101.16	125.52	134.88	156.90	168.60	188.28	202.32
60	101.52	108.90	135.36	145.20	169.20	181.50	203.04	217.80
61	109.08	116.82	145.44	155.76	181.80	194.70	218.16	233.64
62	117.72	126.00	156.96	168.00	196.20	210.00	235.44	252.00
63	126.54	135.36	168.72	180.48	210.90	225.60	253.08	270.72
64	135.54	144.90	180.72	193.20	225.90	241.50	271.08	289.80
65	145.80	155.70	194.40	207.60	243.00	259.50	291.60	311.40
66	157.32	167.40	209.76	223.20	262.20	279.00	314.64	334.80
67	170.82	181.80	227.76	242.40	284.70	303.00	341.64	363.60
68	185.94	197.64	247.92	263.52	309.90	329.40	371.88	395.28
69	201.96	214.20	269.28	285.60	336.60	357.00	403.92	428.40
70	219.96	233.28	293.28	311.04	366.60	388.80	439.92	466.56
71	241.02	255.24	321.36	340.32	401.70	425.40	482.04	510.48
72	266.40	281.70	355.20	375.60	444.00	469.50	532.80	563.40
73	295.74	312.30	394.32	416.40	492.90	520.50	591.48	624.60
74	328.50	345.96	438.00	461.28	547.50	576.60	657.00	691.92
75	364.32	383.40	485.76	511.20	607.20	639.00	728.64	766.80
76	404.10	424.08	538.80	565.44	673.50	706.80	808.20	848.16
77	447.84	470.52	597.12	627.36	746.40	784.20	895.68	941.04
78	495.90	520.02	661.20	693.36	826.50	866.70	991.80	1,040.04
79	547.56	574.38	730.08	765.84	912.60	957.30	1,095.12	1,148.76
80	597.42	626.40	796.56	835.20	995.70	1,044.00	1,194.84	1,252.80
81	651.78	683.10	869.04	910.80	1,086.30	1,138.50	1,303.56	1,366.20
82	709.38	743.94	945.84	991.92	1,182.30	1,239.90	1,418.76	1,487.88
83	772.74	810.54	1,030.32	1,080.72	1,287.90	1,350.90	1,545.48	1,621.04
84	840.96	882.00	1,121.28	1,176.00	1,401.60	1,470.00	1,681.92	1,764.00
85	912.24	956.52	1,216.32	1,275.36	1,520.40	1,594.20	1,824.48	1,913.04
86	982.98	1,031.04	1,310.64	1,374.72	1,638.30	1,718.40	1,965.96	2,062.08
87	1,051.20	1,102.68	1,401.60	1,470.24	1,752.00	1,837.80	2,102.40	2,205.36
88	1,116.90	1,171.44	1,489.20	1,561.92	1,861.50	1,952.40	2,233.80	2,342.88
89	1,181.34	1,239.12	1,575.12	1,652.16	1,968.90	2,065.20	2,362.68	2,478.24
90	1,244.52	1,305.36	1,659.36	1,740.48	2,074.20	2,175.60	2,489.04	2,610.72

Note: Rates for ages over 90 are available from MetLife

Monthly Rates — Group Long Term Care

Automatic Periodic Inflation with 2,000 x Daily Benefit Amount Maximum

Daily Benefit:	\$90	\$90	\$120	\$120	\$150	\$150	\$180	\$180
Nonforfeiture:	Without	With	Without	With	Without	With	Without	With
Age at Issue								
Up to 24	30.96	34.38	41.28	45.84	51.60	57.30	61.92	68.76
25	35.46	38.52	47.28	51.36	59.10	64.20	70.92	77.04
26	35.82	39.78	47.76	53.04	59.70	66.30	71.64	79.56
27	37.08	40.68	49.44	54.24	61.80	67.80	74.16	81.36
28	37.98	41.76	50.64	55.68	63.30	69.60	75.96	83.52
29	39.42	43.74	52.56	58.32	65.70	72.90	78.84	87.48
30	40.68	44.82	54.24	59.76	67.80	74.70	81.36	89.64
31	41.94	45.72	55.92	60.96	69.90	76.20	83.88	91.44
32	42.66	47.16	56.88	62.88	71.10	78.60	85.32	94.32
33	45.00	48.42	60.00	64.56	75.00	80.70	90.00	96.84
34	47.16	52.02	62.88	69.36	78.60	86.70	94.32	104.04
35	49.50	54.54	66.00	72.72	82.50	90.90	99.00	109.08
36	52.20	56.34	69.60	75.12	87.00	93.90	104.40	112.68
37	54.18	59.22	72.24	78.96	90.30	98.70	108.36	118.44
38	57.60	62.28	76.80	83.04	96.00	103.80	115.20	124.56
39	60.12	65.34	80.16	87.12	100.20	108.90	120.24	130.68
40	62.28	68.58	83.04	91.44	103.80	114.30	124.56	137.16
41	65.16	70.56	86.88	94.08	108.60	117.60	130.32	141.12
42	68.04	74.34	90.72	99.12	113.40	123.90	136.08	148.68
43	70.56	76.14	94.08	101.52	117.60	126.90	141.12	152.28
44	73.44	78.66	97.92	104.88	122.40	131.10	146.88	157.32
45	75.60	81.00	100.80	108.00	126.00	135.00	151.20	162.00
46	78.30	84.06	104.40	112.08	130.50	140.10	156.60	168.12
47	81.72	88.38	108.96	117.84	136.20	147.30	163.44	176.76
48	84.60	91.98	112.80	122.64	141.00	153.30	169.20	183.96
49	88.02	95.22	117.36	126.96	146.70	158.70	176.04	190.44
50	91.80	99.00	122.40	132.00	153.00	165.00	183.60	198.00
51	95.94	103.14	127.92	137.52	159.90	171.90	191.88	206.28
52	101.16	109.08	134.88	145.44	168.60	181.80	202.32	218.16
53	106.92	114.66	142.56	152.88	178.20	191.10	213.84	229.32
54	113.40	121.86	151.20	162.48	189.00	203.10	226.80	243.72
55	120.42	129.42	160.56	172.56	200.70	215.70	240.84	258.84
56	128.52	137.88	171.36	183.84	214.20	229.80	257.04	275.76
57	136.26	145.44	181.68	193.92	227.10	242.40	272.52	290.88
58	145.62	155.52	194.16	207.36	242.70	259.20	291.24	311.04
59	155.16	166.14	206.88	221.52	258.60	276.90	310.32	332.28
60	165.42	176.04	220.56	234.72	275.70	293.40	330.84	352.08
61	174.60	186.84	232.80	249.12	291.00	311.40	349.20	373.68
62	183.24	195.66	244.32	260.88	305.40	326.10	366.48	391.32
63	190.62	202.86	254.16	270.48	317.70	338.10	381.24	405.72
64	195.84	208.44	261.12	277.92	326.40	347.40	391.68	416.88
65	201.96	215.28	269.28	287.04	336.60	358.80	403.92	430.56
66	209.88	223.56	279.84	298.08	349.80	372.60	419.76	447.12
67	221.04	234.90	294.72	313.20	368.40	391.50	442.08	469.80
68	233.46	247.86	311.28	330.48	389.10	413.10	466.92	495.72
69	246.78	261.72	329.04	348.96	411.30	436.20	493.56	523.44
70	262.44	277.56	349.92	370.08	437.40	462.60	524.88	555.12
71	280.98	297.18	374.64	396.24	468.30	495.30	561.96	594.36
72	303.48	320.58	404.64	427.44	505.80	534.30	606.96	641.16
73	330.30	347.94	440.40	463.92	550.50	579.90	660.60	695.88
74	359.64	378.72	479.52	504.96	599.40	631.20	719.28	757.44
75	391.14	411.12	521.52	548.16	651.90	685.20	782.28	822.24
76	424.98	446.04	566.64	594.72	708.30	743.40	849.96	892.08
77	459.72	482.58	612.96	643.44	766.20	804.30	919.44	965.16
78	495.00	519.66	660.00	692.88	825.00	866.10	990.00	1,039.32
79	530.64	557.64	707.52	743.52	884.40	929.40	1,061.28	1,115.28
80	567.72	596.16	756.96	794.88	946.20	993.60	1,135.44	1,192.32
81	610.02	641.16	813.36	854.88	1,016.70	1,068.60	1,220.04	1,282.32
82	654.84	687.78	873.12	917.04	1,091.40	1,146.30	1,309.68	1,375.56
83	702.72	738.18	936.96	984.24	1,171.20	1,230.30	1,405.44	1,476.36
84	753.48	791.64	1,004.64	1,055.52	1,255.80	1,319.40	1,506.96	1,583.28
85	805.32	846.00	1,073.76	1,128.00	1,342.20	1,410.00	1,610.64	1,692.00
86	855.54	898.92	1,140.72	1,198.56	1,425.90	1,498.20	1,711.08	1,797.84
87	902.16	948.06	1,202.88	1,264.08	1,503.60	1,580.10	1,804.32	1,896.12
88	945.00	993.24	1,260.00	1,324.32	1,575.00	1,655.40	1,890.00	1,986.48
89	985.68	1,035.72	1,314.24	1,380.96	1,642.80	1,726.20	1,971.36	2,071.44
90	1,024.92	1,076.76	1,366.56	1,435.68	1,708.20	1,794.60	2,049.84	2,153.52

Note: Rates for ages over 90 are available from MetLife

Monthly Rates — Group Long Term Care

Automatic Periodic Inflation with Unlimited Lifetime Maximum

Daily Benefit:	\$90	\$90	\$120	\$120	\$150	\$150	\$180	\$180
Nonforfeiture:	Without	With	Without	With	Without	With	Without	With
Age at Issue								
Up to 24	\$68.76	\$72.00	\$91.68	\$96.00	\$114.60	\$120.00	\$137.52	\$144.00
25	\$77.04	\$80.82	\$102.72	\$107.76	\$128.40	\$134.70	\$154.08	\$161.64
26	\$77.04	\$80.82	\$102.72	\$107.76	\$128.40	\$134.70	\$154.08	\$161.64
27	\$77.04	\$80.82	\$102.72	\$107.76	\$128.40	\$134.70	\$154.08	\$161.64
28	\$77.04	\$80.82	\$102.72	\$107.76	\$128.40	\$134.70	\$154.08	\$161.64
29	\$77.04	\$80.82	\$102.72	\$107.76	\$128.40	\$134.70	\$154.08	\$161.64
30	\$88.38	\$91.44	\$117.84	\$121.92	\$147.30	\$152.40	\$176.76	\$182.88
31	\$88.38	\$91.44	\$117.84	\$121.92	\$147.30	\$152.40	\$176.76	\$182.88
32	\$88.38	\$91.44	\$117.84	\$121.92	\$147.30	\$152.40	\$176.76	\$182.88
33	\$88.38	\$91.44	\$117.84	\$121.92	\$147.30	\$152.40	\$176.76	\$182.88
34	\$88.38	\$91.44	\$117.84	\$121.92	\$147.30	\$152.40	\$176.76	\$182.88
35	\$95.40	\$102.96	\$127.20	\$137.28	\$159.00	\$171.60	\$190.80	\$205.92
36	\$95.40	\$102.96	\$127.20	\$137.28	\$159.00	\$171.60	\$190.80	\$205.92
37	\$95.40	\$104.04	\$127.20	\$138.72	\$159.00	\$173.40	\$190.80	\$208.08
38	\$95.40	\$104.04	\$127.20	\$138.72	\$159.00	\$173.40	\$190.80	\$208.08
39	\$95.40	\$104.04	\$127.20	\$138.72	\$159.00	\$173.40	\$190.80	\$208.08
40	\$111.24	\$114.66	\$148.32	\$152.88	\$185.40	\$191.10	\$222.48	\$229.32
41	\$114.66	\$118.98	\$152.88	\$158.64	\$191.10	\$198.30	\$229.32	\$237.96
42	\$118.62	\$122.04	\$158.16	\$162.72	\$197.70	\$203.40	\$237.24	\$244.08
43	\$122.58	\$126.54	\$163.44	\$168.72	\$204.30	\$210.90	\$245.16	\$253.08
44	\$127.80	\$131.58	\$170.40	\$175.44	\$213.00	\$219.30	\$255.60	\$263.16
45	\$131.76	\$135.54	\$175.68	\$180.72	\$219.60	\$225.90	\$263.52	\$271.08
46	\$136.08	\$139.14	\$181.44	\$185.52	\$226.80	\$231.90	\$272.16	\$278.28
47	\$141.30	\$145.44	\$188.40	\$193.92	\$235.50	\$242.40	\$282.60	\$290.88
48	\$147.06	\$152.28	\$196.08	\$203.04	\$245.10	\$253.80	\$294.12	\$304.56
49	\$152.64	\$156.96	\$203.52	\$209.28	\$254.40	\$261.60	\$305.28	\$313.92
50	\$158.76	\$163.26	\$211.68	\$217.68	\$264.60	\$272.10	\$317.52	\$326.52
51	\$164.52	\$169.38	\$219.36	\$225.84	\$274.20	\$282.30	\$329.04	\$338.76
52	\$171.72	\$176.94	\$228.96	\$235.92	\$286.20	\$294.90	\$343.44	\$353.88
53	\$179.82	\$184.68	\$239.76	\$246.24	\$299.70	\$307.80	\$359.64	\$369.36
54	\$188.82	\$194.58	\$251.76	\$259.44	\$314.70	\$324.30	\$377.64	\$389.16
55	\$198.18	\$204.30	\$264.24	\$272.40	\$330.30	\$340.50	\$396.36	\$408.60
56	\$208.26	\$214.74	\$277.68	\$286.32	\$347.10	\$357.90	\$416.52	\$429.48
57	\$219.06	\$226.08	\$292.08	\$301.44	\$365.10	\$376.80	\$438.12	\$452.16
58	\$230.58	\$237.24	\$307.44	\$316.32	\$384.30	\$395.40	\$461.16	\$474.48
59	\$241.74	\$249.12	\$322.32	\$332.16	\$402.90	\$415.20	\$483.48	\$498.24
60	\$254.16	\$262.08	\$338.88	\$349.44	\$423.60	\$436.80	\$508.32	\$524.16
61	\$266.94	\$275.58	\$355.92	\$367.44	\$444.90	\$459.30	\$533.88	\$551.16
62	\$280.80	\$290.16	\$374.40	\$386.88	\$468.00	\$483.60	\$561.60	\$580.32
63	\$294.12	\$303.84	\$392.16	\$405.12	\$490.20	\$506.40	\$588.24	\$607.68
64	\$307.26	\$318.24	\$409.68	\$424.32	\$512.10	\$530.40	\$614.52	\$636.48
65	\$320.94	\$332.10	\$427.92	\$442.80	\$534.90	\$553.50	\$641.88	\$664.20
66	\$338.40	\$350.28	\$451.20	\$467.04	\$564.00	\$583.80	\$676.80	\$700.56
67	\$359.64	\$372.24	\$479.52	\$496.32	\$599.40	\$620.40	\$719.28	\$744.48
68	\$382.68	\$395.46	\$510.24	\$527.28	\$637.80	\$659.10	\$765.36	\$790.92
69	\$406.62	\$420.48	\$542.16	\$560.64	\$677.70	\$700.80	\$813.24	\$840.96
70	\$432.72	\$447.84	\$576.96	\$597.12	\$721.20	\$746.40	\$865.44	\$895.68
71	\$465.30	\$481.68	\$620.40	\$642.24	\$775.50	\$802.80	\$930.60	\$963.36
72	\$504.00	\$521.64	\$672.00	\$695.52	\$840.00	\$869.40	\$1,008.00	\$1,043.28
73	\$548.46	\$567.18	\$731.28	\$756.24	\$914.10	\$945.30	\$1,096.92	\$1,134.36
74	\$596.34	\$616.32	\$795.12	\$821.76	\$993.90	\$1,027.20	\$1,192.68	\$1,232.64
75	\$648.18	\$670.14	\$864.24	\$893.52	\$1,080.30	\$1,116.90	\$1,296.36	\$1,340.28
76	\$706.68	\$729.90	\$942.24	\$973.20	\$1,177.80	\$1,216.50	\$1,413.36	\$1,459.80
77	\$769.14	\$795.78	\$1,025.52	\$1,061.04	\$1,281.90	\$1,326.30	\$1,538.28	\$1,591.56
78	\$836.28	\$865.26	\$1,115.04	\$1,153.68	\$1,393.80	\$1,442.10	\$1,672.56	\$1,730.52
79	\$907.20	\$940.14	\$1,209.60	\$1,253.52	\$1,512.00	\$1,566.90	\$1,814.40	\$1,880.28
80	\$972.54	\$1,008.36	\$1,296.72	\$1,344.48	\$1,620.90	\$1,680.60	\$1,945.08	\$2,016.72
81	\$1,047.06	\$1,085.94	\$1,396.08	\$1,447.92	\$1,745.10	\$1,809.90	\$2,094.12	\$2,171.88
82	\$1,126.26	\$1,168.02	\$1,501.68	\$1,557.36	\$1,877.10	\$1,946.70	\$2,252.52	\$2,336.04
83	\$1,211.40	\$1,255.86	\$1,615.20	\$1,674.48	\$2,019.00	\$2,093.10	\$2,422.80	\$2,511.72
84	\$1,302.48	\$1,350.18	\$1,736.64	\$1,800.24	\$2,170.80	\$2,250.30	\$2,604.96	\$2,700.36
85	\$1,394.46	\$1,445.76	\$1,859.28	\$1,927.68	\$2,324.10	\$2,409.60	\$2,788.92	\$2,891.52
86	\$1,484.28	\$1,539.00	\$1,979.04	\$2,052.00	\$2,473.80	\$2,565.00	\$2,968.56	\$3,078.00
87	\$1,567.98	\$1,625.58	\$2,090.64	\$2,167.44	\$2,613.30	\$2,709.30	\$3,135.96	\$3,251.16
88	\$1,645.02	\$1,705.68	\$2,193.36	\$2,274.24	\$2,741.70	\$2,842.80	\$3,290.04	\$3,411.36
89	\$1,718.46	\$1,782.00	\$2,291.28	\$2,376.00	\$2,864.10	\$2,970.00	\$3,436.92	\$3,564.00
90	\$1,787.94	\$1,854.18	\$2,383.92	\$2,472.24	\$2,979.90	\$3,090.30	\$3,575.88	\$3,708.36

Note: Rates for ages over 90 are available from MetLife

